



AfterSchoolProgram

Enrollment Agreement

Student Information

Name: _____ Age: _____ Birthday: _____ / _____ / _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Tshirt Size: _____

Parent Information

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Medical Information

Do you have any medical problems? Yes / No Please explain: _____

Are you on any medications? Yes / No Please list: _____

Do you have medical insurance? Yes / No Company: _____ Policy No. _____

I hereby give my permission to The Academies to have my child treated in case of any emergency situation.

Signature: _____ Date: _____



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Enrollment Agreement

Parent/Guardian Name: _____

Date: ____ / ____ / ____

Hold Harmless and Liability Release and Waiver

I, _____ (parent/guardian), have voluntarily submitted my application for registration of my child as a student in The Academies After School Program. By submitting the application for membership, I certify that I am fully aware of and understand the inherent dangers in participating in the activities involving Taekwondo and dance, and of the basic rules and procedures, including, but not limited to, promotional rank testing, summer camps, and tournaments which my child might attend.

I understand and agree that the members of New Life Church or The Academies (including Christian Black Belt Academy, Christian Dance Academy and Christian Music Academy), its owners/board members, the instructors, or any other student, will not be responsible for my child's safety, nor will any of these parties or individuals serve as a guardian for my child's safety during this program.

I understand and agree that neither the members of New Life Church or The Academies (including Christian Black Belt Academy, Christian Dance Academy and Christian Music Academy), its owners/board members, the instructors, or any other student, their agents or assigns, or any other individual or entity associated with The Academies, may be held liable in any way for any occurrence or event in connection with my child's membership or participation in tournaments or camps which may result in injury, death, or any and all damages to me or to my family, descendants, heirs, or assigns.

I understand and agree that in consideration of being allowed to be a student in this program including tournaments or summer camps, I hereby personally assume any and all risks involved in connection with same; and furthermore, I release forever the aforementioned individuals and entities and any other individual or entity associated with this program, for any harm, injury, or damage that may occur to my child or befall my child while he/she is a student in this program, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my child's participation in the program, tournaments, or summer camps.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes.

I understand this program is a Christian based program, which will use Bible Scripture to motivate, enrich and encourage the student in their development.

I have read, understood, and fully informed myself of the contents of this agreement. I assume my own responsibility for my child's physical condition and capability to perform under the summer camp, programs or tournaments in which he/she may participate.

I will pay the \$199 enrollment fee for the 2015-2016 school year
I will pay \$48 per week for the remainder of the 2015-2016 school year

I understand that this fee is due whether my child attends or not

I understand that my credit/debit card will be billed on Monday of each week

I understand that late fees apply if my payment is not made by Thursday of each week

CC #: _____

Exp. ____ / ____

CVV: _____

Zip: _____

Signature

Date

Witness

Date